

## **Application Information**

Application number::  
Filing Date:: June 22, 2001  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R???:  
Number of CD disks::  
Number of copies of CDs::  
Sequence Submission::  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: METHODS OF DIAGNOSING MULTIDRUG RESISTANT TUBERCULOSIS  
Attorney Docket Number:: 015280-413100US  
Request for Early Publication:: No  
Request for Non-Publication:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 6  
Small Entity?:: No  
Latin name::  
Variety denomination name::  
Petition included?:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers One::  
Secrecy Order in Patent Appl.?:: No

## **Inventor Information**

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Clifton  
Middle Name:: E.  
Family Name:: Barry  
Name Suffix:: III  
City of Residence:: Bethesda  
State or Prov. Of Residence:: MD  
Street:: 9520 Milstead Dr.  
City:: Bethesda  
State or Province:: MD  
Postal or Zip Code:: 20817

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: United Kingdom  
Status:: Full Capacity  
Given Name:: Andrea  
Middle Name:: E.  
Family Name:: DeBarber  
Name Suffix::  
City of Residence:: Rockville  
State or Prov. Of Residence:: MD  
Street:: 10436 Rockville Pike  
City:: Rockville  
State or Province:: MD  
Postal or Zip Code:: 20852

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: Swaziland  
Status:: Full Capacity  
Given Name:: Khisimuzi  
Middle Name::  
Family Name:: Mdluli  
Name Suffix::  
City of Residence:: Seattle  
State or Prov. Of Residence:: WA  
Street:: 323 NW 103rd Avenue  
City:: Seattle  
State or Province:: WA  
Postal or Zip Code:: 98177

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: Zimbabwe  
Status:: Full Capacity  
Given Name:: Linda-Gail  
Middle Name::  
Family Name:: Bekker  
Name Suffix::  
City of Residence:: New York  
State or Prov. Of Residence:: NY  
Street:: 430 East 63rd Street  
City:: New York  
State or Province:: NY  
Postal or Zip Code:: 10021

**Correspondence Information**

Correspondence Customer Number:: 20350

**Representative Information**

Representative Customer Number:: 20350

**Domestic Priority Information**

Application:: Continuity Type:: Parent Application:: Parent Filing Date::  
This application is a: Non-Provisional of: 60/214,187 June 26,2000

**Foreign Priority Information**

Country:: Application number:: Filing Date::